

1. NUMBER: FD33-00-0014	2. PCN: PB20091	<b>MSFC ENGINEERING CHANGE REQUEST (ECR)</b> <small>(See Instructions: MSFC Form 2327-2)</small>	3. DATE: 07/11/2000	4. PAGE: 1 OF 1	
5. TO: FD32/Tina Melton		6. THRU: FD33/Rose Lindsey		7. FROM: FD33/Mardi Wilkerson	
8. TITLE OF CHANGE:  Update to SSP58700 PODF Management Plan Annex 2 - U.S. PODF Configuration Control					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> EMERGENCY <input type="checkbox"/> URGENT <input checked="" type="checkbox"/> ROUTINE			10. NEED DATE:  08/10/2000		
11. PROGRAM(S)/PROJECT(S) AFFECTED:			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE:		
13. RECOMMENDED EFFECTIVITY(IES):			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.):  SSP58700 Annex 2		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER:			15A. INITIATING DOCUMENT NUMBER (e.g., DR, Software Trouble Report, etc.):		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated. If necessary, continue on MSFC Form 2327-1, Continuation Sheet):  MOD at JSC mandated that the PODF Version Names be consistant with theODF Version names, therefore the names need to be changed within the document.					
17. EFFECTS ON: <input type="checkbox"/> HARDWARE <input type="checkbox"/> FACILITY <input type="checkbox"/> SCHEDULE (SEE ENCLOSURE ____ FOR IMPACT) <input type="checkbox"/> REQUIREMENTS DOCUMENTATION <input type="checkbox"/> SOFTWARE <input type="checkbox"/> ENVIRONMENT <input type="checkbox"/> COST (ESTIMATED COST INCLUDED IN ENCLOSURE ____ ) <input type="checkbox"/> OTHER (SPECIFY): _____					
18. DESCIPTON OF CHANGE (Include reference to enclosure. If necessary, continue on MSFC Form 2327-1, Continuation Sheet.): 1. See attached 2. Figure 5-1 U.S. PODF Configuration Control a. From: " BASIC and FINAL Procedures CM Controlled" To: "FINAL Procedures CM Controlled" b. Take reference to BASIC procedures out of the "ECR CONTROLLED" box					
19. MOD KIT INFORMATION:					
YES NO			Enclosure	Paragraph	
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing location:					
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
20. SIGNATURE OF ORIGINATOR: Mardi Wilkerson /s/		DATE: 07/11/2000	TELEPHONE NUMBER: 544-3269	OFFICE SYMBOL: FD33	
<b>21. CONCURRENCE</b>					
SIGNATURE	ORG. CODE	DATE	SIGNATURE	ORIG. CODE	DATE
<b>22. TECHNICAL APPROVAL</b>					
SIGNATURE	ORG. CODE	DATE	SIGNATURE	ORIG. CODE	DATE